

~~BEST AVAILABLE COPY~~

**CLAIMS ONLY**

SERIAL NO.

10642043

**APPLICANTS**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEM.	IND.	DEM.	IND.	DEM.
1	1					
2						
3						
4						
5						
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7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17	1					
18						
19						
20	1		1		1	
21					1	
22					1	
23	1					
24						
25						
26	1		1		1	
27					1	
28					1	
29	1					
30	1		1			
31	1					
32	1		1			
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47						
48						
49						
50						
TOTAL IND.	9		4		2	
TOTAL DEM.	8	8	4	4	4	4
TOTAL CLERKS	1	1	8	8	6	6

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
*10/042,043*

FILING DATE

APPLICANT(S)

*9-30-04*

CLAIMS

X-FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
3					
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45					
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47					
48					
49					
50					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLOSURE					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLOSURE								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS